

**BOARD OF LICENSURE FOR PROFESSIONAL LAND SURVEYORS**

**ACCOMMODATION REQUEST FORM**

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE : (     ) \_\_\_\_\_ SS#: \_\_\_\_\_

This applicant has discussed with me the nature of the test to be administered. It is my  
opinion that because of this applicant's disability, \_\_\_\_\_,  
(Type of Disability)  
he/she should be accommodated by providing the following:

- |   |  |
|---|--|
| <input type="checkbox"/> TAPED TEST   | <input type="checkbox"/> LARGE PRINT TEST        |
| <input type="checkbox"/> READER   | <input type="checkbox"/> SCRIBE/AMANUENSIS       |
| <input type="checkbox"/> EXTENDED TIME  | <input type="checkbox"/> SEPARATE TESTING AREA   |
| <input type="checkbox"/> TIME AND A HALF  |  |
| <input type="checkbox"/> DOUBLE TIME  |  |
| <input type="checkbox"/> MORE THAN DOUBLE TIME  |  |
| <input type="checkbox"/> USE OF COMPUTER OR OTHER<br>ADAPTIVE EQUIPMENT (PLEASE SPECIFY): | <input type="checkbox"/> OTHER (PLEASE SPECIFY): |

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNED: \_\_\_\_\_ LICENSE#: \_\_\_\_\_  
(IF APPLICABLE)

\_\_\_\_\_  
(PRINTED OR TYPED NAME)

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**THE ABOVE REQUESTED INFORMATION AND ANY DOCUMENTATION REGARDING YOUR DISABILITY AND YOUR NEED FOR ACCOMMODATION IN TESTING WILL BE CONSIDERED STRICTLY CONFIDENTIAL AND WILL NOT BE SHARED WITH ANY OUTSIDE SOURCE WITHOUT EXPRESS PERMISSION.**